



APPLICATION FOR MANICURIST SALON LICENSE

State Form 45243 (R2 / 9-01)

Approved by State Board of Accounts 1993

LICENSE FEE: \$40.00

Indiana Professional Licensing Agency
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2246
Telephone: (317) 232-2980

Social Security number or Federal ID number *

* Social Security number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.

APPLICANT INFORMATION

Name of salon applicant

Address of applicant (*number and street, city, state, ZIP code*)

Name of salon (*not more than 29 characters including spaces*)

Address of salon (*number and street, city, state, ZIP code*)

Telephone number of salon

()

Telephone number of residence

()

County code (*see listing*)

Name of supervising licensed manicurist / cosmetologist (*six months active experience under IC 25-8-11- or 9 prior to application*)

Supervising manicurist / cosmetologist license number

Nearest highway number (*if salon is located on Rural Route*)

Location of salon

☐ Business

☐ Residential

For direction from main highway, please indicate the N / S road and E / W road "hundred" numbers in appropriate spaces below:

_____ North _____ South _____ East _____ West _____

Name of road (*if applicable*)

Name of nearest town

Give specific directions to salon (*exact location with respect to a residence or surrounding building*):

Approximate opening date

Normal salon hours

Check days open

☐ S ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S

Is this salon connected in any way with residential living quarters?

☐ Yes ☐ No

If yes, is the salon separated from the residence by a substantial floor to ceiling partition with a separate entry?

☐ Yes ☐ No

If yes, explain the nature of the separation:

SALON REQUIREMENTS

1. One (1) sink or bowl with hot and cold running water.
2. One (1) manicuring table.
3. Two (2) chairs.
4. One (1) lamp.
5. One (1) wet sterilizer.
6. One (1) manicure bowl.
7. One (1) foot bath.
8. One (1) closed cabinet or drawer for storage of clean towels.
9. One (1) closed hamper for storage of soiled towels.
10. One (1) covered waste receptacle.
11. One (1) ventilator.
12. Twelve (12) towels.

13. One (1) pair of cuticle nippers.
14. One (1) pair of cuticle scissors.
15. One (1) pair of fingernail clippers.
16. One (1) pair of toenail clippers.
17. Six (6) nail files.
18. One (1) box of emery boards.
19. One (1) pair of tweezers.
20. One (1) nail brush.
21. One (1) nail pusher.
22. One (1) foot file or paddle.
23. One (1) three (3) way buffer or chamois.
24. One (1) bottle of seventy percent (70%) isopropyl alcohol.

1. Salon shall have sanitary requirements and all licenses posted and a sign visible at the entrance of the salon stating the name of the establishment and that the establishment is a manicuring salon.
2. A change in salon ownership or location will require the filing of a new salon application.
3. Any person providing manicuring services in the salon must possess a valid manicuring or cosmetology license issued by the Board of Cosmetology Examiners.

(Continued on the reverse side)

If the salon is owned by a corporation or partnership, list the name, title and address of the officers of the corporation or partners of the partnership.		
NAME	TITLE	ADDRESS
AFFIDAVIT		
I will operate establishment in compliance with the rules governing the sanitary requirements of manicuring salons as required by the State Board of Cosmetology Examiners, and ensure that all employees comply with all requirements. <i>(If manicuring salon is owned by a corporation or partnership, this application must be signed by an officer of the corporation or a partner of the partnership.)</i>		
The manicuring salon will be under the personal supervision of _____ , license number _____ , expiring _____ , who has at least six (6) months active experience as a manicurist under IC 25-8-11 or cosmetologist under IC 25-8-9 before the application was submitted.		
Have you ever committed an act for which you could be disciplined under IC 25-8-14? If yes, please describe the act on a separate sheet of paper and attach to this application. <input type="checkbox"/> Yes <input type="checkbox"/> No		
STATE OF _____ COUNTY OF _____ } SS:		
I, _____ , having been duly sworn on oath, say that I am the above-named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of applicant / corporate officer / partner	Signature of Notary Public	
Printed or typed name of applicant / corporate officer / partner	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires